

# New Milford Dog Park Complaint Form



Name (The Dog Owner)		Dog's Name
Address		City
State	Postal Code	Phone
E-mail		

Complaint Taken By (The Witness)	Date Complaint Received
Police called?	Animal Control called?

Complaint:

Corrective Action:

Has the problem been resolved?  Yes  No

If no, to whom was the problem transferred? \_\_\_\_\_

How will the problem be avoided in the future?

\_\_\_\_\_  
NMDP President signature

\_\_\_\_\_  
Date